

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET,  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

APPLICANT(S)

FILING DATE

**12 MAY 2007**

**10/598939**

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4		3		0		
5		0		0		
6		0		0		
7		0		0		
8		0		0		
9		0		0		
10		0		0		
11		0		0		
12		0		0		
13		0		0		
14		/		/		
15		/		/		
16		2		1		
17		0		/		
18	/		/			
19		0		0		
20	/		/			
21	/		/			
22	/		/	/		
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TOTAL IND.	16	↓	9	↓		↓
TOTAL DEP.	20	←	8	←		←
TOTAL CLAIMS	36		27			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						